Assertive Community Treatment & Supported Employment Fidelity Reviews 2017 Summary Report

April 2017

New Hampshire Department of Health and Human Services

Division for Behavioral Health

Bureau of Mental Health Services

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Acronyms Used in this Report

ACT:	Assertive Community Treatment
BMHS:	Bureau of Mental Health Services
CMHA:	Community Mental Health Agreement
CMHC:	Community Mental Health Center
DHHS:	Department of Health and Human Services
QSR:	Quality Services Review
SE:	Supported Employment
SFY:	State Fiscal Year

Introduction

This Assertive Community Treatment (ACT) and Supported Employment (SE) Fidelity Review Summary Report releases the State Fiscal Year (SFY) 2017 Fidelity Review scores for New Hampshire's ten (10) Community Mental Health Centers (CMHC), and the Bureau of Mental Health Services (BMHS) analysis of statewide and CMHC-specific fidelity to the Evidence-Based Models (EBM) for ACT and SE.

The ACT and SE Fidelity Reviews for SFY 2017 were conducted by either DHHS, through a team of DHHS staff with expertise in the programs or in conducting Quality Service Reviews, or by the CMHC, as a self-assessment utilizing CMHC staff with expertise in the programs. Table 1 indicates which team conducted each Fidelity Review:

Table 1

Community Mental Health Center	ACT	SE
Northern Human Services	DHHS	DHHS
West Central Behavioral Health	DHHS	CMHC
Genesis Behavioral Health	DHHS	CMHC
Riverbend Community Mental Health	CMHC	DHHS
Monadnock Family Services	CMHC	CMHC
Greater Nashua Mental Health Center	CMHC	DHHS
Mental Health Ctr. of Greater Manchester	CMHC	DHHS
Seacoast Mental Health Center	CMHC[1]	CMHC[2]
Community Partners of Strafford County	CMHC	DHHS
Center for Life Management	CMHC	CMHC

The Fidelity Review is a manualized process described in published toolkits. It includes conducting the assessment, a bi-directional review of the assessment scores wherein both DHHS, through BMHS, and the applicable CMHC share feedback, and recommendations for each criterion are developed and agreed upon. Based on the Fidelity Review, improvement plans are developed, setting the path forward for the coming year to improve fidelity at each CMHC. In order to improve areas of the practices, CMHCs may utilize technical assistance, additional training and participation in learning collaboratives. DHHS and CMHCs follow up on progress being made throughout the year.

At the conclusion of the SFY 2017 Fidelity Reviews, BMHS analyzed the results and developed this Summary Report that evaluates quality across the state. Beginning in State Fiscal Year 2018 – once a full cycle (10 CMHCs) of baseline data is available[3] from Quality Service Reviews (QSRs) – the Fidelity Review process will conclude with a summary report that incorporates statewide, system level findings from the QSR cycle –ensuring a fully comprehensive analysis supports program improvement for subsequent years.

[1] Seacoast Mental Health Center chose to have an independent consultant conduct its ACT self-assessment.
[2] Seacoast Mental Health Center chose to have an independent consultant conduct its SE self-assessment.
[3] QSRs were piloted in SFY2017. The pilot QSRs will not be used to create the baseline data necessary for this purpose; only the QSRs that use the finalized QSR process and tools wil contribute to the baseline data.

1. Assertive Community Treatment (ACT)

The EBM for ACT includes the Fidelity Review tool[4] that was utilized for the SFY 2017 Fidelity Review process. The tool assesses ACT Fidelity, including the ACT Team Components described in Section V.D.2. (a) through (g) of the Community Mental Health Agreement, which are briefly described below:

- Availability – 24 hours per day, 7 days per week with on-call availability midnight to 8:00 a.m.;
- Comprehensive and individualized service delivery in consumer homes, natural environments, and community settings, or by telephone where appropriate;
- Appropriate ACT team composition – multidisciplinary team of between 7 and 10 professionals;
- Each ACT team serves appropriate number of consumers – no more than 10 consumers per ACT team member;
- Service delivery able to de-escalate crises without removing consumer from home or community program, consistent with safety concerns; and
- ACT teams work with law enforcement personnel to respond to consumers experiencing a mental health crisis.

The ACT Fidelity Review tool measures ACT Fidelity across three areas:

- Human Resources: Structure and Composition – 11 criterion assess ACT team staffing, caseload size, program size, etc.;
- Organizational Boundaries – 7 criterion assess admission criteria, intake rates, responsibility for treatment services, crisis services, hospitalization and discharge planning, etc.; and
- Nature of Services – 10 criterion assess community-based services, engagement mechanisms, intensity of service, informal support system, Substance Use Disorders, co-occurring disorders, dual disorders, etc.

In whole, 28 criterion are measured against five (5) possible ratings/anchors, for a maximum total score potential of 140. Table 2 (pg 5) provides the SFY 2017 scoring results for every CMHC.

[4] See Appendix 1—ACT Fidelity Review Tool

ACT Fidelity Scale State Fiscal Year 2017 Review	NHS	WCBH	GBH	RCMH	MFS	GNMHC	MHCGM		SMHC	CP	CLM	Mean Score
Region	I	II	III	IV	V	VI	VII		VIII	IX	X	
Type of Review (DHHS or CMHC conducted)	DHHS	DHHS	DHHS	CMHC	CMHC	CMHC	CMHC	CMHC	CMHC	CMHC	CMHC	
Human Resources												
H1 - Small Caseload	4.7	5	5	5	5	5	5	5	5	4	5	**4.88**
H2 - Team Approach	3.3	5	5	5	4	5	4	4	4	5	4	**4.39**
H3 - Program Meeting	3.7	4	3	4	4	5	4	4	4	5	5	**4.15**
H4 - Practicing ACT Leader	4.7	4	4	3	5	5	3	3	3	2	4	**3.70**
H5 - Staff Continuity	4.3	3	4	5	5	4	3	4	3	1	3	**3.57**
H6 - Staff Capacity	4.7	4	4	5	4	3	4	3	3	4	4	**3.88**
H7 - Psychiatry	3.7	3	4	2	4	3	3	3	5	4	2	**3.34**
H8 - Nursing	2.3	4	3	2	2	3	3	2	2	2	5	**2.75**
H9 - Substance Abuse	2.7	2	1	3	5	5	5	5	1	4	5	**3.52**
H10 - Vocational (SE)	3	2	2	2	3	5	4	3	5	4	2	**3.18**
H11 - Program Size	2	3	4	4	3	5	5	5	4	5	4	**4.00**
Organizational Boundaries												
O1 - Admission Criteria	5	5	5	4	4	4	5	5	5	5	5	**4.73**
O2 - Intake Rate	5	5	4	5	5	5	5	5	5	5	5	**4.91**
O3 - Service Responsibility	5	5	4	5	5	4	5	5	4	5	4	**4.64**
O4 - Crisis Responsibility	2	2	4	2	5	5	5	5	4	4	5	**3.91**
O5 - Hospital Admits	5	5	5	4	5	5	5	5	2	4	5	**4.55**
O6 - Hospital Discharges	5	5	5	5	5	5	4	5	5	4	5	**4.82**
O7 - Time Unlimited Svcs	5	5	5	4	5	5	4	4	5	5	4	**4.64**
Nature of Services												
S1 - Community-Based Svcs	4.7	5	5	4	5	5	4	5	4	5	4	**4.61**
S2 - No Dropout Policy	5	4	5	5	5	5	5	5	5	5	4	**4.82**
S3 - Assertive Engagement	5	5	4	5	5	4	5	5	5	5	5	**4.82**
S4 - Intensity of Svcs	2.7	3	5	5	4	5	5	5	2	5	3	**4.06**
S5 - Frequent Contact	2.3	4	4	4	4	5	5	5	2	5	3	**3.94**
S6 - Work with Support Sys	4	3	3	3	4	2	5	5	2	4	2	**3.36**
S7 - Ind Substance Tx	4	4	2	2	4	3	5	4	1	3	4	**3.27**
S8 - Co-Occurring Group	1	3	1	1	1	1	2	1	1	1	2	**1.36**
S9 - Dual Disorder Model	3.7	5	2	3	5	4	5	5	2	5	4	**3.97**
S10 - Consumer on Team	2	2	5	3	3	1	4	1	5	5	4	**3.18**
Total	**105.3**	**109**	**107**	**104**	**118**	**115**	**122**	**116**	**98**	**115**	**111**	**110.94**

Notes:

The Bureau of Mental Health Services hired a contractor to do the ACT Fidelity Review Summary.

Items that were rated low (1 or 2) are highlighted in yellow.

Items that were rated fair (3) are highlighted in blue.

Fidelity items with mean scores in **red text** may be targeted for potential quality improvement activities at the system level.

Score Guide:

28 items, each with a score possible of up to 5, for a total possible score of 140 points.

Total scores result in the following ratings:

84 and below = Not ACT

85 - 112 = Fair Implementation

113 - 140 = Full Implementation

ACT Fidelity Review Summary

Based on scores from the SFY 2017 ACT Fidelity Review, half of New Hampshire's Community Mental Health Centers were rated as "Full Implementation," and half were rated as "Fair Implementation." The provision of integrated treatment of co-occurring substance use disorders was a major area in need of improvement across many centers. The role of the team leader and working with the consumer's support system were two additional significant areas in need of improvement at many centers. Other areas for quality improvement include adequate staffing for the roles of peers, supported employment specialists, psychiatrists and nurses on ACT teams.

<u>BMHS ACT Program Improvement Plan</u>

DHHS will work to improve quality by:

1) Providing bi-monthly technical assistance (or monthly if requested) at centers with Fair Implementation fidelity scores to:

    a. Help teams identify and implement steps towards improvement;
    b. Help teams organize and deliver their co-occurring substance abuse services; and
    c. Help teams organize their team meeting and team activity scheduling.

2) Providing trainings for all CMHCs focused on:

    a. Skills and strategies for substance abuse services – 5 half-day modules for staff who are identified as substance abuse experts, and ongoing supervision for addiction services skills;
    b. Overall ACT skills refresher for ACT specialists; and
    c. ACT Summit – 2-day training to assist CMHCs with the sustaining and improvement of ACT services. Training objectives include:
        i. To increase knowledge of target audiences for ACT services;
        ii. To enhance understanding of the ACT philosophy, values and practice principles;
        iii. To increase knowledge of engagement strategies for ACT;
        iv. To improve knowledge about effective strategies for ACT outreach;
        v. To develop strategies for improving ACT team retention;
        vi. To understand the role of Specialty and Generalist services in ACT; and
        vii. To develop a working understanding of the ACT fidelity scale for quality improvement.

3) Supporting the development of an ACT learning collaborative with:

    a. Data reports; and
    b. Expert technical assistance.

4) Ongoing exploration of additional funding resources and supports for workforce development.

2. Supported Employment (SE)

The EBM for SE includes the Fidelity Review tool[5] that was utilized for the SFY 2017 Fidelity Review process. The tool assesses SE Fidelity, including the SE provisions described in Section V.F.1. of the Community Mental Health Agreement, which are briefly described below:

- Deliver Supported Employment services in accordance with the Dartmouth EBM;
- Provide individualized assistance in identifying, obtaining, and maintaining integrated, paid, competitive employment;
- Provide services in the appropriate amount, duration and intensity;
- Provide services including but not limited to job development, co-worker and peer supports, time management training, benefits counseling, job coaching, etc.

The SE Fidelity Review tool measures ACT Fidelity across three areas:

- Staffing: 3 items assess SE staffing and caseload size;
- Organization: 8 items assess integration of rehabilitation with mental health treatment, vocational rehabilitation, zero exclusion criteria, the SE team leader's role, and agency focus on competitive employment; and
- Services: 14 items assess work incentives, vocational assessment, job search and development, individualized follow-along supports, community-based services, team engagement and outreach, etc.

In whole, 25 items are rated; each item is rated on a 5-point scale ranging from 1 (meaning not implemented) to 5 (meaning fully implemented), for a maximum potential score of 125. Table 3 (pg 8) provides the SFY 2017 scoring results for every CMHC.

[5] See Appendix 2 – SE Fidelity Review Tool

SE Fidelity Scale State Fiscal Year 2017 Review	NHS	WCBH	GBH	RCMH	MFS	GNMHC	MHCGM	SMHC	CP	CLM	Mean Score
Region	**I**	**II**	**III**	**IV**	**V**	**VI**	**VII**	**VIII**	**IX**	**X**	
Type of Review (DHHS or CMHC conducted)	**DHHS**	**DHHS**	**CMHC**	**DHHS**	**CMHC**	**CMHC**	**DHHS**	**CMHC**	**CMHC**	**CMHC**	
Staffing											
1. Caseload	4.5	4	5	4	3	4	4	5	1	4	**3.85**
2. SE Services staff	4.5	5	5	5	5	5	5	5	1	5	**4.55**
3. Voc generalists	5	5	4.5	5	5	5	5	5	1	5	**4.55**
Organization											
1. Integration of rehab w/MH tx	5	2	4.5	3	5	5	5	4	1	5	**3.95**
2. Integration rehab w/freq contact	5	5	4.5	4	4	5	4	4	1	4	**4.05**
3. Collab w/VR	2.5	3	5	3	3	3	4	5	1	5	**3.45**
4. Voc Unit	4.5	3	5	5	5	5	5	5	1	5	**4.35**
5. SE Supervisor	4	3	5	3	4	2	5	4	1	5	**3.60**
6. Zero Exclusion	4.5	4	4	4	5	4	5	3	1	5	**3.95**
7. Competitive Employment	3	4	4	3	4	5	5	3	4	5	**4.00**
8. Exec Team Support	4	5	4	3	4	4	5	5	3	5	**4.20**
Services											
1. Work incentives planning	5	5	5	5	5	4	4	3	1	5	**4.20**
2. Disclosure	5	5	5	5	5	5	5	5	4	5	**4.90**
3. On-going work based assess	4	5	4	4	4	4	5	5	4	5	**4.40**
4. Rapid job search	4	4	4	4	5	5	4	3	3	5	**4.10**
5. Individualized job search	5	4	5	4	5	5	5	5	1	5	**4.40**
6. Job development-employer contact	2.5	2	2	2	2	2	4	2	1	2	**2.15**
7. Job Development-quality contact	5	5	4	4	5	4	4	5	1	4	**4.10**
8. Diversity of jobs	4	5	5	5	5	4	5	4	3	4	**4.40**
9. Diversity of employers	4	5	5	5	5	5	5	4	5	5	**4.80**
10. Competitive jobs	3	5	5	5	5	5	5	5	4	5	**4.70**
11. Individualized follow along supports	5	3	5	5	5	4	5	5	1	5	**4.30**
12. Time unlimited follow-along	5	3	5	5	5	5	5	5	1	5	**4.40**
13. Community based services	4.5	3	2.5	5	5	5	5	5	1	5	**4.10**
14. Assertive engagement	1	4	5	3	5	4	5	5	1	5	**3.80**
Total Score:	**103.50**	**101.00**	**112.00**	**103.00**	**113.00**	**108.00**	**118.00**	**109.00**	**47.00**	**118.00**	**103.25**

Notes:

The Bureau of Mental Health Services hired a contractor to do the SE Fidelity Review Summary.

Items that were rated low (1 or 2) are highlighted in yellow.

Items that were rated fair (3) are highlighted in blue.

Fidelity items with mean scores in **red text** may be targeted for potential quality improvement activities at the system level.

Score Guide:

25 items, each with a score possible of up to 5, for a total possible score of 125 points.

Total scores result in the following ratings:

73 and below = Not Supported Employment

74 - 99 = Fair Fidelity

100 - 114 = Good Fidelity

115 - 125 = Exemplary Fidelity

SE Fidelity Review Summary

Based on scores from the SFY 2017 SE Fidelity reviews, most of New Hampshire's Community Mental Health Centers (9 of 10) were implementing Supported Employment with at least "good fidelity." One center scored poorly because their SE team staff left the agency, and the center had not yet successfully completed recruitment to hire staff to replace the team.

Analysis of individual scores indicated that contact with employers for job development was the single area where most centers needed significant improvement. Other potential areas for improvement, based on at least three centers scoring a 3 or lower, include: collaboration with Vocational Rehabilitation, integration of mental health and SE, variety of competitive employment jobs, community based services and assertive engagement.

<u>BMHS SE Program Improvement Plan</u>

BMHS will work to improve quality by:

1) Providing bi-monthly technical assistance (or monthly if requested) to:

    a. Help the center that is restarting their SE program.
    b. Help all other SE teams address individualized barriers as identified by the fidelity review or the team leader.

2) Providing trainings for all centers focused on:

    a. Skills and strategies for job development – engaging employers and engaging families.
    b. Overall SE skills – basic skills for SE specialists (delivered February 23rd and 28th, 2017).
    c. Illness Management and Recovery (IMR) training that will help SE workers with basic mental health counseling skills.

3) Working with Vocational Rehabilitation leaders at the state level to facilitate SE services in the state by:

    a. Facilitating interagency agreements.
    b. Encouraging regional Vocational Rehabilitation to provide job development services.

4) Supporting the SE learning collaborative with:

    a. Data reports.
    b. Expert technical assistance.

5) Ongoing exploration of additional funding resources and supports for workforce development.

Schedule of State Fiscal Year 2017 Fidelity and Quality Services Review[6]

July 2016	**Center for Life Management** DHHS-conducted QSR **Mental Health Center of Greater Manchester** DHHS-conducted SE Fidelity Assessment **Riverbend Community Mental Health** DHHS-conducted SE Fidelity Assessment
Aug. 2016	**West Central Behavioral Health** DHHS-conducted QSR
Sep. 2016	**Genesis Behavioral Health** DHHS-conducted QSR **Northern Human Services** DHHS-conducted SE Fidelity Assessment
October 2016	**Center for Life Management** Self-conducted ACT Fidelity Assessment Self-conducted SE Fidelity Assessment **Community Partners of Strafford County** Self-conducted ACT Fidelity Assessment **Genesis Behavioral Health** DHHS-conducted ACT Fidelity Assessment Self-conducted SE Fidelity Assessment **Greater Nashua Mental Health Center** DHHS-conducted SE Fidelity Assessment Self-conducted ACT Fidelity Assessment **Mental Health Center of Greater Manchester** Self-conducted ACT Fidelity Assessment **Monadnock Family Services** Self-conducted ACT Fidelity Assessment Self-conducted SE Fidelity Assessment **Riverbend Community Mental Health** Self-conducted ACT Fidelity Assessment **Seacoast Mental Health Center** Self-conducted[7] ACT Fidelity Assessment Self-conducted[8] SE Fidelity Assessment **West Central Behavioral Health** Self-conducted SE Fidelity Assessment
November 2016	**Community Partners of Strafford County** DHHS-conducted SE Fidelity Assessment **Monadnock Family Services** DHHS-conducted QSR - **POSTPONED** **Northern Human Services** DHHS-conducted ACT Fidelity Assessment
Dec. 2016	
January 2017	**Mental Health Center of Greater Manchester** DHHS-conducted QSR **West Central Behavioral Health** DHHS-conducted ACT Fidelity Assessment
Feb. 2017	**Seacoast Mental Health Center** DHHS-conducted QSR
March 2017	**Greater Nashua Mental Health Center** DHHS-conducted QSR
April 2017	**Community Partners of Strafford County** DHHS-conducted QSR
May 2017	**Northern Human Services** DHHS-conducted QSR
June 2017	**Riverbend Community Mental Health** DHHS-conducted QSR

[6] Schedule may be subject to change.
[7] At its own discretion, Seacoast Mental Health Center utilized the services of an outside contractor to conduct its Self-Assessment.
[8] At its own discretion, Seacoast Mental Health Center utilized the services of an outside contractor to conduct its Self-Assessment.

Appendix 1

The following pages contain the ACT Fidelity Review Tool used for SFY2017.

Community Mental Health Center (CMHC)
Assertive Community Treatment (ACT) Fidelity Report
October 2016

CMHC:	
Report Date:	
Review Date:	
Reviewers: *(list all)*	

Overview:
This report describes Assertive Community Treatment (ACT) services. The fidelity review is considered an integral component to complement and validate self-fidelity measures and is intended to promote and assure fidelity to the model and compliance with the Community Mental Health Agreement (CMHA).

Executive Summary:

(Enter brief summary of review results)

This review resulted in an Implementation rating of:	
Out of a possible 140 points the Center scored:	

Method:

This review consisted of: *(Describe how the Center conducted its review)*

The ACT Fidelity Scale is divided into three sections, including: Human Resources – Structure and Composition; Organizational Boundaries; and Nature of Services. Each item to be scored (criterion) is rated on a 5-point response formation ranging from 1 to 5 with each criterion having a specific anchor assigned to each point within the 5-point range. The following tables (next 3 pages) specify the criterion and the associated ratings/anchors the CMHC must use in conducting its ACT Fidelity Self-Assessment.

Human Resources: Structure and Composition						
		Ratings / Anchors				
Criterion		**1**	**2**	**3**	**4**	**5**
H1	**Small caseload:** Consumer/provider ratio = 10:1	50 consumers/team member or more	35 – 49	21 – 34	11 – 20	10 consumers/team member or fewer
H2	**Team approach:** Provider group functions as team rather than as individual ACT team members; ACT team members know and work with all consumers	Less than 10% consumers with multiple team face-to-face contacts in reporting 2-week period	10 – 36%	37 – 63%	64 – 89%	90% or more consumers have face-to-face contact with >1 staff member in 2 weeks
H3	**Program meeting:** Meets often to plan and review services for each consumer	Service-planning for each consumer usually 1x/month or less	At least 2x/month but less often than 1x/week	At least 1x/week but less than 2x/week	At least 2x/week but less than 4x/week	Meets at least 4 days/week and reviews each consumer each time, even if only briefly
H4	**Practicing ACT leader:** Supervisor of Frontline ACT team members provides direct services	Supervisor provides no services	Supervisor provides services on rare occasions as backup	Supervisor provides services routinely as backup or less than 25% of the time	Supervisor normally provides services between 25% and 50% time	Supervisor provides services at least 50% time
H5	**Continuity of staffing:** Keeps same staffing over time	Greater than 80% turnover in 2 years	60 – 80% turnover in 2 years	40 – 59% turnover in 2 years	20 – 39% turnover in 2 years	Less than 20% turnover in 2 years
H6	**Staff capacity:** Operates at full staffing	Operated at less than 50% staffing in past 12 months	50 – 64%	65 – 79%	80 – 94%	Operated at 95% or more of full staffing in past 12 months
H7	**Psychiatrist on team:** At least 1 full-time psychiatrist for 100 consumers works with program	Less than .10 FTE regular psychiatrist for 100 consumers	.10 – .39 FTE for 100 consumers	.40 – .69 FTE for 100 consumers	.70 – .99 FTE for 100 consumers	At least 1 full-time psychiatrist assigned directly to 100-consumer program
H8	**Nurse on team:** At least 2 full-time nurses assigned for a 100-consumer program	Less than .20 FTE regular nurse for 100 consumers	.20 – .79 FTE for 100 consumers	.80 – 1.39 FTE for 100 consumers	1.40 – 1.99 FTE for 100 consumers	2 full-time nurses or more are members for 100-consumer program
H9	**Substance abuse specialist on team:** A 100-consumer program with at least 2 staff members with 1 year of training or clinical experience in substance abuse treatment	Less than .20 FTE S/A expertise for 100 consumers	.20 – .79 FTE for 100 consumers	.80 – 1.39 FTE for 100 consumers	1.40 – 1.99 FTE for 100 consumers	2 FTEs or more with 1 year S/A training or supervised S/A experience
H10	**Vocational specialist on team:** At least 2 team members with 1 year training/experience in vocational rehabilitation and support	Less than .20 FTE vocational expertise for 100 consumers	.20 – .79 FTE for 100 consumers	.80 – 1.39 FTE for 100 consumers	1.40 – 1.99 FTE for 100 consumers	2 FTEs or more with 1 year voc. rehab. training or supervised VR experience
H11	**Program size:** Of sufficient absolute size to consistently provide necessary staffing diversity and coverage	Less than 2.5 FTE staff	2.5 – 4.9 FTE	5.0 – 7.4 FTE	7.5 – 9.9	At least 10 FTE staff

Organizational Boundaries

		Ratings / Anchors				
Criterion		**1**	**2**	**3**	**4**	**5**
O1	**Explicit admission criteria:** Has clearly identified mission to serve a particular population. Has and uses measurable and operationally defined criteria to screen out inappropriate referrals.	Has no set criteria and takes all types of cases as determined outside the program	Has a generally defined mission but admission process dominated by organizational convenience	Tries to seek and select a defined set of consumers but accepts most referrals	Typically actively seeks and screens referrals carefully but occasionally bows to organizational pressure	Actively recruits a defined population and all cases comply with explicit admission criteria
O2	**Intake rate:** Takes consumers in at a low rate to maintain a stable service environment.	Highest monthly intake rate in the last 6 months = greater than 15 consumers/month	13 – 15	10 – 12	7 – 9	Highest monthly intake rate in the last 6 months no greater than 6 consumers/month
O3	**Full responsibility for treatment services:** In addition to case management, directly provides psychiatric services, counseling/ psychotherapy, housing support, substance abuse treatment, employment and rehabilitative services.	Provides no more than case management services	Provides 1 of 5 additional services and refers externally for others	Provides 2 of 5 additional services and refers externally for others	Provides 3 or 4 of 5 additional services and refers externally for others	Provides all 5 services to consumers
O4	**Responsibility for crisis services:** Has 24-hour responsibility for covering psychiatric crises.	Has no responsibility for handling crises after hours	Emergency service has program-generated protocol for program consumers	Is available by phone, mostly in consulting role	Provides emergency service backup; e.g., program is called, makes decision about need for direct program involvement	Provides 24-hour coverage
O5	**Responsibility for hospital admissions:** Is involved in hospital admissions.	Is involved in fewer than 5% decisions to hospitalize	ACT team is involved in 5% – 34% of admissions	ACT team is involved in 35% – 64% of admissions	ACT team is involved in 65% – 94% of admissions	ACT team is involved in 95% or more admissions
O6	**Responsibility for hospital discharge planning:** Is involved in planning for hospital discharges.	Is involved in fewer than 5% of hospital discharges	5% – 34% of program consumer discharges planned jointly with program	35% – 64% of program consumer discharges planned jointly with program	65 – 94% of program consumer discharges planned jointly with program	95% or more discharges planned jointly with program
O7	**Time-unlimited services (graduation rate):** Rarely closes cases but remains the point of contact for all consumers as needed.	More than 90% of consumers are expected to be discharged within 1 year	From 38 – 90% of consumers expected to be discharged within 1 year	From 18 – 37% of consumers expected to be discharged within 1 year	From 5 – 17% of consumers expected to be discharged within 1 year	All consumers served on a time-unlimited basis, with fewer than 5% expected to graduate annually

Nature of Services

		Ratings / Anchors				
Criterion		**1**	**2**	**3**	**4**	**5**
S1	**Community-based services:** Works to monitor status, develop community living skills in community rather than in office.	Less than 20% of face-to-face contacts in community	20 – 39%	40 – 59%	60 – 79%	80% of total face-to-face contacts in community
S2	**No dropout policy:** Retains high percentage of consumers.	Less than 50% of caseload retained over 12-month period	50 – 64%	65 – 79%	80 – 94%	95% or more of caseload is retained over a 12-month period
S3	**Assertive engagement mechanisms:** As part of ensuring engagement, uses street outreach and legal mechanisms (probation/parole, OP commitment) as indicated and as available.	Passive in recruitment and re-engagement; almost never uses street outreach legal mechanisms	Makes initial attempts to engage but generally focuses on most motivated consumers	Tries outreach and uses legal mechanisms only as convenient	Usually has plan for engagement and uses most mechanisms available	Demonstrates consistently well-thought-out strategies and uses street outreach and legal mechanisms whenever appropriate
S4	**Intensity of service:** High total amount of service time, as needed.	Average 15 minutes/ week or less of face-to-face contact for each consumer	15 – 49 minutes/ week	50 – 84 minutes/week	85 – 119 minutes/week	Average 2 hours/week or more of face-to-face contact for each consumer
S5	**Frequency of contact:** High number of service contacts, as needed.	Average less than 1 face-to-face contact/ week or fewer for each consumer	1 – 2x/week	2 – 3x/week	3 – 4x/week	Average 4 or more face-to-face contacts/week for each consumer
S6	**Work with informal support system:** With or without consumer present, provides support and skills for consumer's support network: family, landlords, employers.	Less than .5 contact/ month for each consumer with support system	.5 – 1 contact/ month for each consumer with support system in the community	1 – 2 contact/month for each consumer with support system in the community	2 – 3 contacts/month for consumer with support system in the community	4 or more contacts/month for each consumer with support system in the community
S7	**Individualized substance abuse treatment:** 1 or more team members provides direct treatment and substance abuse treatment for consumers with substance-use disorders.	No direct, individualized substance abuse treatment provided	Team variably addresses SA concerns with consumers; provides no formal, individualized SA treatment	While team integrates some substance abuse treatment into regular consumer contact, no formal, individualized SA treatment	Some formal individualized SA treatment offered; consumers with substance-use disorders spend less than 24 minutes/week in such treatment	Consumers with substance-use disorders average 24 minutes/week or more in formal substance abuse treatment
S8	**Co-Occurring disorder treatment groups:** Uses group modalities as treatment strategy for consumers with substance-use disorders.	Fewer than 5% of consumers with substance-use disorders attend at least 1 substance abuse treatment group meeting a month	5 – 19%	20 – 34%	35 – 49%	50% or more of consumers with substance-use disorders attend at least 1 substance abuse treatment group meeting/month
S9	**Dual Disorders (DD) Model:** Uses a non-confrontational, stage-wise treatment model, follows behavioral principles, considers interactions of mental illness and substance abuse, and has gradual expectations of abstinence.	Fully based on traditional model: confrontation; mandated abstinence; higher power, etc.	Uses primarily traditional model: e.g., refers to AA; uses inpatient detox & rehab; recognizes need to persuade consumers in denial or who don't fit AA	Uses mixed model: e.g., DD principles in treatment plans; refers consumers to persuasion groups; uses hospitalization for rehab.; refers to AA, NA	Uses primarily DD model: e.g., DD principles in treatment plans; persuasion and active treatment groups; rarely hospitalizes for rehab. Or detox except for medical necessity; refers out some SA treatment	Fully based in DD treatment principles, with treatment provided by ACT staff members
S10	**Role of consumers on team:** Consumers involved as team members providing direct services.	Consumers not involved in providing service	Consumers fill consumer-specific service roles (e.g., self-help)	Consumers work part-time in case-management roles with reduced responsibilities	Consumers work full-time in case management roles with reduced responsibilities	Consumers employed full-time as ACT team members (e.g., case managers) with full professional status

Areas of focus:

(Describe the areas of focus the Center wishes to prioritize for improvement in the coming year as a result of this review; include any recommendations for each area)

ACT Fidelity Report:

Human Resources: Structure and Composition

H1 Small caseload: Consumer/provider ratio = 10:1	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

H2 Team approach: Provider group functions as team rather than as individual ACT team members; ACT team members know and work with all consumers	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

H3 Program meeting: Meets often to plan and review services for each consumer	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

H4 Practicing ACT leader: Supervisor of Frontline ACT team members provides direct services	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

H5 Continuity of staffing: Keeps same staffing over time		**Rating = _____ out of 5**
Comments:		
Sources of Information:		
Recommendations:		

H6 Staff capacity: Operates at full staffing		**Rating = _____ out of 5**
Comments:		
Sources of Information:		
Recommendations:		

H7 Psychiatrist on team: At least 1 full-time psychiatrist for 100 consumers works with program		**Rating = _____ out of 5**
Comments:		
Sources of Information:		
Recommendations:		

H8 Nurse on team: At least 2 full-time nurses assigned for a 100-consumer program		**Rating = _____ out of 5**
Comments:		
Sources of Information:		
Recommendations:		

H9 Substance abuse specialist on team: A 100-consumer program with at least 2 staff members with 1 year of training or clinical experience in substance abuse treatment	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

H10 Vocational specialist on team: At least 2 team members with 1 year training/experience in vocational rehabilitation and support	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

H11 Program size: Of sufficient absolute size to consistently provide necessary staffing diversity and coverage	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

Organizational Boundaries

O1 Explicit admission criteria: Has clearly identified mission to serve a particular population. Has and uses measurable and operationally defined criteria to screen out inappropriate referrals.	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

O2 Intake rate: Takes consumers in at a low rate to maintain a stable service environment.	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

O3 Full responsibility for treatment services: In addition to case management, directly provides psychiatric services, counseling/ psychotherapy, housing support, substance abuse treatment, employment and rehabilitative services.	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

O4 Responsibility for crisis services: Has 24-hour responsibility for covering psychiatric crises.	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

O5 Responsibility for hospital admissions: Is involved in hospital admissions.		**Rating = _____ out of 5**
Comments:		
Sources of Information:		
Recommendations:		

O6 Responsibility for hospital discharge planning: Is involved in planning for hospital discharges.		**Rating = _____ out of 5**
Comments:		
Sources of Information:		
Recommendations:		

O7 Time-unlimited services (graduation rate): Rarely closes cases but remains the point of contact for all consumers as needed.		**Rating = _____ out of 5**
Comments:		
Sources of Information:		
Recommendations:		

Nature of Services

S1 Community-based services: Works to monitor status, develop community living skills in community rather than in office.	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

S2 No dropout policy: Retains high percentage of consumers.	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

S3 Assertive engagement mechanisms: As part of ensuring engagement, uses street outreach and legal mechanisms (probation/parole, OP commitment) as indicated and as available.	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

S4 Intensity of service: High total amount of service time, as needed.	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

S5 Frequency of contact: High number of service contacts, as needed.	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

S6 Work with informal support system: With or without consumer present, provides support and skills for consumer's support network: family, landlords, employers.	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

S7 Individualized substance abuse treatment: 1 or more team members provides direct treatment and substance abuse treatment for consumers with substance-use disorders.	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

S8 Co-Occurring disorder treatment groups: Uses group modalities as treatment strategy for consumers with substance-use disorders.	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

S9 Dual Disorders (DD) Model: Uses a non-confrontational, stage-wise treatment model, follows behavioral principles, considers interactions of mental illness and substance abuse, and has gradual expectations of abstinence.	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

S10 Role of consumers on team: Consumers involved as team members providing direct services.		**Rating = _____ out of 5**
Comments:		
Sources of Information:		
Recommendations:		

Human Resources: Structure and Composition				
#	**Item**	**Assessor 1**	**Assessor 2**	**Consensus**
H1.	Small Caseload			
H2.	Team Approach			
H3.	Program Meeting			
H4.	Practicing ACT Leader			
H5.	Continuity of Staffing			
H6.	Staff Capacity			
H7.	Psychiatrist on Team			
H8.	Nurse on Team			
H9.	Substance Abuse Specialist on Team			
H10.	Vocational Specialist on Team			
H11.	Program Size			
Organizational Boundaries				
#	**Item**	**Assessor 1**	**Assessor 2**	**Consensus**
O1.	Explicit Admission Criteria			
O2.	Intake Rate			
O3.	Full Responsibility for Treatment Services			
O4.	Responsibility for Crisis Services			
O5.	Responsibility for Hospital Admission			
O6.	Responsibility for Hospital Discharge Planning			
O7.	Time-unlimited Services (Graduation Rate)			
Nature of Services				
#	**Item**	**Assessor 1**	**Assessor 2**	**Consensus**
S1.	Community Based Services			
S2.	No Dropout Policy			
S3.	Assertive Engagement Mechanisms			
S4.	Intensity of Services			
S5.	Frequency of Contact			
S6.	Work with Informal Support System			
S7.	Individualized Substance Abuse Treatment			
S8.	Co-occurring Disorder Treatment Group			
S9.	Dual Disorders (DD) Model			
S10.	Role of Consumers on Team			
	Total Mean Score			

Score Range	Implementation Rating
113 – 140	Good Implementation
85 – 112	Fair Implementation
84 and below	Not Assertive Community Treatment

Appendix 2

The following pages contain the SE Fidelity Review Tool used for SFY2017.

Community Mental Health Center (CMHC)
Supported Employment Fidelity Report
October 2016

CMHC:	
Report Date:	
Review Date:	
Reviewers: *(list all)*	

Overview:
This report describes Individual Placement and Support/Supported Employment (IPS/SE) services. The fidelity review is considered an integral component to complement and validate self-fidelity measures and is intended to promote and assure fidelity to the Dartmouth IPS model and compliance with the Community Mental Health Agreement (CMHA).

Executive Summary:

(Enter brief summary of review results)

This review resulted in a Fidelity rating of:	
Out of a possible 125 points the Center scored:	

Method:

This review consisted of: *(Describe how the Center conducted its review)*

The Supported Employment Fidelity Scale is divided into three sections: including staffing, organization and services. Each item is rated on a 5-point response formation ranging from 1= no implementation to 5= full implementation with intermediate numbers representing progressively greater degrees of implementation. The following sections address the three areas based on the review.

Areas of focus:

(Describe the areas of focus the Center wishes to prioritize for improvement in the coming year as a result of this review; include any recommendations for each area)

IPS Supported Employment Fidelity Report:

Staffing

1. Caseload Size

Employment specialists have individual employment caseloads. The maximum caseload for any full-time employment specialist is 20 or fewer clients.	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

2. Vocational Services Staff

Employment specialists provide only employment services.	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

3. Vocational Generalists

Each employment specialist carries out all phases of employment services, including intake, engagement, assessment, job placement, job coaching, and follow along supports before step down to a less intensive employment support from another MH practitioner.	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

Organization

1. Integration of rehabilitation with mental health treatment through team assignment.

Employment specialists are part of up to 2 mental health treatment teams from which at least 90% of the employment specialist's caseload is comprised.	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

2. Integration of rehabilitation with mental health treatment through frequent team contact.

Employment specialists actively participate in weekly mental health treatment team meetings (not replaced by administrative meetings) that discuss individual clients and their employment goals with shared decision-making. Employment specialist's office is in close proximity to (or shared with) their mental health treatment team members. Documentation of mental health treatment and employment services are integrated in a single client chart. Employment specialists help the team think about employment for people who haven't yet been referred to supported employment services.	**Rating = _____ out of 5**
✓ *if applicable*	Employment specialist attends weekly mental health treatment team meetings.
✓ *if applicable*	Employment specialist participates actively in treatment team meetings with shared decision-making.
✓ *if applicable*	Employment services documentation (i.e., vocational assessment/profile, employment plan, progress notes) is integrated into client's mental health treatment record.
✓ *if applicable*	Employment specialist's office is in close proximity to (or shared with) his or her mental health treatment team members.
✓ *if applicable*	Employment specialist helps the team think about employment for people who haven't yet been referred to supported employment services.
Comments:	
Sources of Information:	
Recommendations:	

3. Collaboration between employment specialists and Vocational Rehabilitation.

Employment specialists and VR counselors have frequent contact for the purpose of discussing shared clients and identifying potential referrals.	**Rating = _____ out of 3**
Comments:	
Sources of Information:	
Recommendations:	

4. Vocational Unit.

At least 2 full-time employment specialists and a team leader comprise the employment unit. They have weekly client-based group supervision based on the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseload when needed.	**Rating = _____ out of 2**
Comments:	
Sources of Information:	
Recommendations:	

5. Role of employment supervisor.

Supported employment unit is led by a supported employment team leader. Employment specialists' skills are developed and improved through outcome-based supervision. All five key roles of the employment supervisor are present.	**Rating = _____ out of 3**
✓ *if applicable*	One full-time supervisor is responsible for no more than 10 employment specialists. The supervisor does not have other supervisory responsibilities. (Program leaders supervising fewer than 10 employment specialists may spend a percentage of time on other supervisor activities on a prorated basis.)
✓ *if applicable*	Supervisor conducts weekly supported employment supervision designed to review client situations and identify new strategies and ideas to help clients in their work lives.
✓ *if applicable*	Supervisor communicates with mental health treatment team leaders to ensure that services are integrated, to problem solve programmatic issues and to be a champion for the value of work. Attends a meeting for each mental health treatment team on a quarterly basis.
✓ *if applicable*	Supervisor accompanies employment specialists who are new or having difficulty

	with job development, in the field monthly to improve skills by observing, modeling and giving feedback on skills, e.g., meeting employers for job development.
✓ *if applicable*	Supervisor reviews current client outcomes with employment specialists and sets goals to improve program performance at least quarterly.

Comments:	
Sources of Information:	
Recommendations:	

6. Zero exclusion criteria

All clients interested in working have access to supported employment services regardless of job readiness factors, substance abuse, symptoms, history of violent behavior, cognition impairments, treatment non-adherenece, and personal presentation. These apply during supported employment services, too. Employment specialists offer to help with another job when one has ended regardless of the reason that the job ended or the number of jobs held. If VR has screening criteria, the mental health agency does not use them to exclude anybody. Clients are not screened out formally or informally.	**Rating = _____ out of 5**

Comments:	
Sources of Information:	
Recommendations:	

7. Agency focus on competitive employment.

Agency promotes work through multiple strategies. Agency intake includes questions about interest in competitive employment. Agency displays written postings (e.g., brochures, bulletin boards, posters) about employment and supported employment services. The focus should be with the agency programs that provide services to adults with severe mental illness. Agency supports ways for clients to share work stories with other clients and staff. Agency measures rate of competitive employment and shares this information with agency leaders and staff.	**Rating = _____ out of 3**

✓ *if applicable*	Agency intake includes questions about interest in employment
✓ *if applicable*	Agency includes questions about interest in employment on all annual (or semi-annual) assessment or treatment plan reviews..
✓ *if applicable*	Agency displays written postings (e.g., brochures, bulletin boards, posters) about working and supported employment services, in lobby and other waiting areas
✓ *if applicable*	Agency supports ways for clients to share work stories with other clients and staff (e.g., agency-wide employment recognition events, in-service training, peer support groups, agency newsletter articles, invited speakers at client treatment groups, etc.) at least twice a year.
✓ *if applicable*	Agency measures rate of competitive employment on at least a quarterly basis and shares outcomes with agency leadership and staff.
Comments:	
Sources of Information:	
Recommendations:	

8. Executive Team Support for Supported Employment

Agency executive team members (e.g., CEO/Executive Director, Chief Operating Officer, QA Director, Chief Financial Officer, Clinical director, Medical Director, Human Resource Director) assist with supported employment implementation and sustainability. All five key components of executive team are present.	**Rating = _____ out of 3**
✓ *if applicable*	Executive Director and Clinical Director demonstrate knowledge regarding the principles of evidence-based supported employment.
✓ *if applicable*	Agency QA process includes an explicit review of the IPS SE program, or components of the program, at least every 6 months through the use of the Supported Employment Fidelity Scale, or until achieving high fidelity, and at least yearly thereafter. Agency QA process uses the results of the fidelity assessment to improve IPS SE implementation and sustainability.
✓ *if applicable*	At least one member of the executive team actively participates at IPS SE leadership team (steering committee) meetings that occur at least every six months for high fidelity programs and at least quarterly for programs that have not yet achieved high fidelity. Steering committee is defined as a diverse group of stakeholders charged with reviewing fidelity, program implementation, and the service delivery system. Committee develops written action plans aimed at developing or sustaining high fidelity services.
✓ *if applicable*	The agency CEO/Executive Director communicates how IPS SE services support

	the mission of the agency and articulates clear and specific goals for SE and/or competitive employment to all agency staff during the first six months and at least annually (i.e., SE kickoff, all-agency meetings, agency newsletters, etc.). This item is not delegated to another administrator.
✓ *if applicable*	SE program leader shares information about EBP barriers and facilitators with the executive team (including the CEO) at least twice each year. The executive team helps the program leader identify and implement solutions to barriers.

Comments:	
Sources of Information:	
Recommendations:	

Services

1. Work incentives planning

All clients are offered assistance in obtaining comprehensive individualized work incentives planning (benefits planning) before starting a new job and assistance accessing work incentives planning thereafter when making decisions about changes in work hours and pay. Work incentives planning includes SSA benefits, medical benefits, medication subsidies, housing subsidies, food stamps, spouse and dependent children benefits, past job retirement benefits and any other source of income. Clients are provided information and assistance about reporting earnings to SSA, housing programs, VA programs, etc., depending on the person's benefits	**Rating = _____ out of 5**

Comments:	
Sources of Information:	
Recommendations:	

2. Disclosure

Employment specialists provide clients with accurate information and assist with evaluating their choices to make an informed decision regarding what is revealed to the employer about having a disability.	**Rating = _____ out of 3**

✓ *if applicable*	Employment specialists do not require all clients to disclose their psychiatric disability at the work site in order to receive services..
✓ *if applicable*	Employment specialists offer to discuss with clients the possible costs and benefits (pros and cons) of disclosure at the work site in advance of clients disclosing at the work site. Employment specialists describe how disclosure relates to requesting accommodations and the employment specialist's role communicating with the employer.
✓ *if applicable*	Employment specialists discuss specific information to be disclosed (e.g., disclose receiving mental health treatment, or presence of a psychiatric disability, or difficulty with anxiety, etc.) and offers examples of what could be said to employers.
✓ *if applicable*	Employment specialists discuss disclosure on more than one occasion (e.g., if clients have not found employment after 2 months or if clients report difficulties on the job).

Comments:	
Sources of Information:	
Recommendations:	

3. Ongoing, work-based vocational assessment

Initial vocational assessment occurs over 2-3 sessions and is updated with information from work experiences in competitive jobs. A vocational profile form that includes information about preferences, experiences, skills, current adjustment, strengths, personal contacts, etc. is filed in the client's clinical chart and is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include client, treatment team, clinical records, and with the client's permission, from family members and previous employers.	**Rating = _____ out of 2**

Comments:	
Sources of Information:	
Recommendations:	

4. Rapid search for competitive job.

Initial employment assessment and first face-to-face employer contact by the client or the employment specialist about a competitive job occurs within 30 days (one month) after program entry.	**Rating = _____ out of 4**
Comments:	
Sources of Information:	
Recommendations:	

5. Individualized job search

Employment specialists make employer contacts are aimed at making a good job match based on clients' preferences (relating to what each person enjoys and their personal goals) and needs (including experience, ability, symptomatology, health, etc.) rather than the job market (i.e., those jobs that are readily available). An individualized job search plan is developed and updated with information from the vocational assessment/profile form and new job/educational experiences.	**Rating = _____ out of 2**
Comments:	
Sources of Information:	
Recommendations:	

6. Job development-Frequent employer contact

Each employment specialist makes at least 6 face-to-face employer contacts per week on behalf of clients looking for work. (Rate for each then calculate average and use the closest scale point.) An employer contact is counted even when an employment specialist meets an employer twice in one week, and when the client is present or not present. Client specific and generic contacts are included. Employment specialists use a weekly tracking form to document employer contacts and the form is reviewed by the supervisor on a weekly basis.	**Rating = _____ out of 2**
Comments:	
Sources of	

Information:	
Recommendations:	

7. Job development-Quality of employer contact

Employment specialists build relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the SE program offers to the employer, and describe client's strengths that are a good match for the employer.	**Rating = _____ out of 3**
Comments:	
Sources of Information:	
Recommendations:	

8. Diversity of jobs developed.

Employment specialists assist clients in obtaining different types of jobs.	**Rating = _____ out of 3**
Comments:	
Sources of Information:	
Recommendations:	

9. Diversity of employers.

Employment specialists assist clients in obtaining jobs with different employers.	**Rating = _____ out of 3**
Comments:	
Sources of Information:	
Recommendations:	

10. Competitive jobs.

Employment specialists provide competitive jobs options that have permanent status rather than temporary or time-limited	**Rating = _____ out of 2**

status, (e.g., transitional employment positions). Competitive jobs pay at least minimum wage, are jobs that anyone can apply for and are not set aside for people with disabilities. (Seasonal jobs and jobs from temporary agencies that other community members use are counted as competitive jobs.)	
Comments:	
Sources of Information:	
Recommendations:	

11. Individualized follow-along supports

Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Supports are provided by a variety of people including treatment team members (i.e., medication changes, social skills training, encouragement), family, friends , co-workers (i.e., natural supports) and employment specialist. Employment specialist also provides employer support (e.g., educational information, job accommodations) at client's request. Employment specialists offer help with career development, i.e., assistance with education, a more desirable job, or more preferred job duties.	**Rating = _____ out of 3**
Comments:	
Sources of Information:	
Recommendations:	

12. Follow-along supports – Time unlimited

Employment Specialists have face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily and desired by clients. Clients are transitioned to step down job supports from a mental health worker following steady employment. Employment specialists contact clients within 3 days of learning about a job loss.	**Rating = _____ out of 3**
Comments:	

Sources of Information:	
Recommendations:	

13. Community-based services

Employment services such as engagement, job finding and follow-along supports are provided in natural community settings by all employment specialists. (Rate each employment specialist based upon their total weekly scheduled work hours then calculate the average and use the closest scale point.).	**Rating = _____ out of 4**
Comments:	
Sources of Information:	
Recommendations:	

14. Assertive engagement and outreach by integrated team.

Service termination is not based on missed appointments or fixed time limits. Systematic documentation of outreach attempts. Engagement and outreach attempts made by integrated team members. Multiple home/community visits. Coordinated visits by employment specialist with integrated team member. Connect with family, when applicable. Once it is clear that the client no longer wants to work or continue in SE services, the team stops outreach.	**Rating = _____ out of 5**
Comments:	
Sources of Information:	
Recommendations:	

Staffing		
#	**Item**	**Score**
1.	Caseload size	
2.	Employment services staff	
3.	Vocational generalists	
Organization		
#	**Item**	**Score**
1.	Integration of rehabilitation with mental health thru team assignment	
2.	Integration of rehabilitation with mental health thru frequent team member contact	
3.	Collaboration between employment specialists and Vocational Rehabilitation	
4.	Vocational unit	
5.	Role of employment supervisor	
6.	Zero exclusion criteria	
7.	Agency focus on employment	
8.	Executive team support for SE	
Services		
#	**Item**	**Score**
1.	Work incentives planning	
2.	Disclosure	
3.	Ongoing, work-based vocational assessment	
4.	Rapid job search for competitive job	
5.	Individualized job search	
6.	Job development—Frequent employer contact	
7.	Job development—Quality of employer contact	
8.	Diversity of job types	
9.	Diversity of employers	
10.	Competitive jobs held	
11.	Individualized follow-along supports	
12.	Time unlimited follow-along supports	
13.	Community-based services	
14.	Assertive engagement and outreach by integrated treatment team	
	Total:	

Score Range	Fidelity Level
115 – 125	Exemplary Fidelity
100 – 114	Good Fidelity
74 – 99	Fair Fidelity
73 and below	Not Supported Employment